

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * 217

Place of Birth Miami, Arizona County Gila No. St.
(Registration District)

| | | | | | |
|---------------|------------------------------|---|-----|---|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | } | and | } | Number in order of birth |
| <u>male</u> | | | | | |

DATE OF BIRTH* August 16 1929
(Month) (Day) (Year)

| | |
|----------------------------|--------|
| FULL* NAME | FATHER |
| <u>Gust P. Economy</u> | |
| FULL* MAIDEN NAME | MOTHER |
| <u>Clementina Carrillo</u> | |

I HEREBY CERTIFY that the child described herein has been named

George Economy
(Give name in full) (Surname)

Grana Martinez (Parent's Signature)

(Signature of Physician or Midwife) + grandmother

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

© 10M 1-45

758-816-336